

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Laborers' Political League-Laborers' International Union of N.A.

Full Name (Last, First, Middle Initial)

**A.** Friends of Farr

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
Sam Farr

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 17

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 US Primary Elec

**Transaction ID:** 14668111

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Lois Capps

Mailing Address Post Office Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name  
Lois Capps

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 US Primary Elec

**Transaction ID:** 14666257

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Berman for Congress

Mailing Address 8665 Wilshire B1 Suite 220

City Beverly Hills State CA Zip Code 90211

Purpose of Disbursement

Candidate Name  
Howard Berman

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 28

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 US Primary Elec

**Transaction ID:** 14666119

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....